



Wyoming Pollutant Discharge Elimination System (WYPDES)

Department of Environmental Quality
Application for Permit to Discharge Wastewater for:

Notice of Intent for Temporary Discharges Involving Construction Activities

Modified: August 30, 2013

The general permit for temporary discharges currently authorizes the discharge of wastewater to surface waters of the state associated with:

- Hydrostatic testing of pipes, tanks or other similar vessels
- Disinfection of potable water lines
- Construction dewatering of uncontaminated groundwater

The water discharge from any of these activities must be relatively uncontaminated and must not have the potential to contribute non-conventional or toxic pollutant loadings to the receiving stream. Generally, no trans-basin transfer of surface water will be allowed, in order to prevent spreading of whirling disease spores, non-native species and other nuisance aquatic life organisms. Discharges must be of short duration, lasting no longer than one year.

For more details such as effluent limits and monitoring requirements, please read and review the General Permit for Temporary Discharge Involving Construction Activities found on-line at http://deq.state.wy.us/wqd/WYPDES_Permitting/index.asp

Mail or hand deliver the application to:

WYPDES Permits Section
Department of Environmental Quality/WQD
122 West 25th Street, Herschler Building, 4W
Cheyenne, WY 82002

(An original signature of the applicant is required. Faxes cannot be accepted)

When to file: The Notice of Intent (NOI) must be submitted at least 30 days prior to the first anticipated date of discharge.

General Application Instructions:

1. Please provide as much information as possible on the application form. Additional spaces may be inserted in the application form to accommodate additional information.
2. Please provide a response to ALL items, even if it is to indicate that the item is "not applicable". Leaving items blank may result in the application being returned as incomplete.
3. Do not staple or bind any of the permit application materials. Only binder clips or paper clips should be used to separate or bind materials.
4. Provide a map of the area of activity including the area of the activity, location of the discharge point, direction of discharge flow, location of any treatment units, and the location of all receiving waters.
5. Please provide an email address when possible. Once a temporary discharge permit is issued, a copy may be emailed which may expedite the permit.



Wyoming Pollutant Discharge Elimination System (WYPDES)

Department of Environmental Quality
Application for Permit to Discharge Wastewater for:

Notice of Intent for Temporary Discharge Involving

Construction Activities

Official Use Only

Modified June 12, 2013

- ✓ Please print or type. Submission of illegible materials will result in return of the application to the applicant.
- ✓ All items must be completed accurately and in their entirety or the application will be deemed incomplete and the processing will be delayed or application returned.
- ✓ An original signature of the applicant is required. Faxes cannot be accepted.
- ✓ The Notice of Intent (NOI) must be submitted at least 30 days prior to the first anticipated date of discharge.

1. Check the box (es) corresponding to the type of application being applied for:

- ☐ Disinfection of Potable Water Lines
- ☐ Construction dewatering
- ☐ Hydrostatic testing of pipes, tanks or other similar vessels

2. Contact Information:

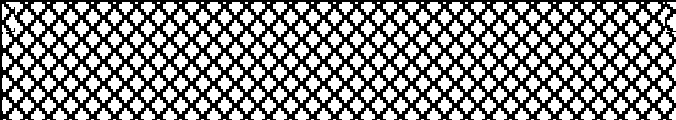
<i>Permit Applicant Contact Name:</i>	<i>Local Facility Contact Name:</i> <input type="checkbox"/> <i>Same As Permit Applicant</i>
<i>Company Name:</i>	<i>Company Name:</i>
<i>Mailing Address:</i>	<i>Mailing Address:</i>
<i>City, State, and Zip Code:</i>	<i>City, State, and Zip Code:</i>
<i>Telephone Number:</i>	<i>Telephone Number:</i>
<i>Fax number:</i>	<i>Fax number:</i>
<i>E-Mail Address:</i>	<i>E-Mail Address:</i>

<i>Billing Contact Name:</i> <input type="checkbox"/> <i>Same As Permit Applicant</i>	<i>If Applicable, Other Contact Name:</i>
<i>Company Name:</i>	<i>Company Name:</i>
<i>Mailing Address:</i>	<i>Mailing Address:</i>
<i>City, State, and Zip Code:</i>	<i>City, State, and Zip Code:</i>
<i>Telephone Number:</i>	<i>Telephone Number:</i>
<i>Fax number:</i>	<i>Fax number:</i>
<i>E-Mail Address:</i>	<i>E-Mail Address:</i>

3. Project information:

<i>Project Name:</i>
<i>Street Address (if applicable):</i>

4. Project description:

<i>Briefly describe the project:</i>	
<i>Date when project is planned to start (MM/DD/YR):</i>	<i>Date when project is planned to end (MM/DD/YR):</i>
<i>Duration of discharge (days):</i>	

5. Outfall location (Additional spaces may be added as necessary):

Outfall(s)	Quarter/Quarter	Section	Township	Range	Latitude in NAD 83 decimal degrees accurate to a minimum of 5 decimal places (if available)	Longitude in NAD 83 decimal degrees accurate to a minimum of 5 decimal places (if available)	County
001							
002							
003							

6. Discharge information:

<i>Source of water which is to be discharged:</i>	
<i>Average and Maximum flow rate of discharge(million gallons/day):</i>	
<i>Total expected volume of the discharge (million gallons/day):</i>	
<i>Description of the type of water treatment process to be employed (e.g. recycling, reuse, and detention)</i>	
<i>Is the discharged water chlorinated?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, how will the total residual chlorine be reduced or eliminated?</i>	
<i>Provide a list of all potential pollutants and the expected concentrations in the wastewater to be discharged:</i>	
<i>Is the project area located near or by any contaminated sites?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Check the State of Wyoming's Solid and Hazardous Waste Division website (http://deq.state.wy.us/shwd/STP/remediation/Downloads/Contaminated_Sites.pdf) including the storage tank program for resolved and unresolved contaminated sites.</i>	
<i>Describe the control measures that will be implemented to prevent significant damage to or erosion of the receiving water channel at the point of discharge:</i>	

7. Receiving water:

<i>Names of the nearest defined drainage(s) which could receive the temporary discharge and nearest live waters (live water is any stream, lake or other water body which contains water year-around):</i>
<i>Receiving Water Basin (i.e., Powder River Basin):</i>
<i>Distance from project site (miles):</i>
<i>Will project water be discharged to a storm sewer system, ditch, or other man-made conveyance?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, approval from the owner of the system must be obtained. Please attach a statement from the owner granting approval.</i>

8. Attachments:

For all projects: Attach a site map and schematic diagram that shows the area of the activity, location of the discharge point, direction of discharge flow, location of any treatment units, and the location of all receiving waters.

9. Other information:

Any optional information the permittee wishes to have considered:

10. For hydrostatic testing only:

<i>Type of vessel being tested:</i>	<i>Type of material from which the vessel is constructed:</i>
<i>Has the vessel been previously used?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, provide a description of fluid material normally contained and/or transported through the vessel:</i>	
<i>Source of water:</i>	

11. Copy of General Permit:

Do you wish to receive a paper copy of the General Permit? ☐ Yes ☐ No

Those who check "no" will receive only a letter of authorization for their project.

12. Certification: *I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. In addition, I certify that I am aware of the terms and conditions of the General Permit for Temporary Discharge and I agree to comply with those requirements.*

Authorized signatories for this application are the following:	
<i>For corporations:</i>	<i>A principal executive officer of at least the level of vice president, or the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the overall operation of the facility from which the discharge originates.</i>
<i>For partnerships:</i>	<i>A general partner.</i>
<i>For a sole proprietorship:</i>	<i>The proprietor.</i>
<i>For a municipal, state, federal or other public facility:</i>	<i>Either a principal executive officer or ranking elected official.</i>

Printed Name of Person Signing

Title

Signature of Applicant*

Date

Telephone

*All permit applications must be signed in accordance with 40 CFR Part 122.22, "for" or "by" signatures are not acceptable.

Section 35-11-901 of Wyoming Statutes provides that:

Any person who knowingly makes any false statement, representation, or certification in any application ... shall upon conviction be fined not more than \$10,000 or imprisoned for not more than one year, or both.

Wyoming Statute 35-11-312 was revised to require discharge permit fees be paid prior to permit issuance. Therefore, payment of permit fees must be accompanied with the application. Any application received without proper fee payment will be returned. For complete information related to permit fees, please visit our website at http://deg.state.wy.us/wqd/WYPDES_Permitting/index.asp.

Authorizations under this general permit will be issued for a maximum term of one year. Each authorization under this permit carries a flat fee of \$100.

I have enclosed a check for \$_____.

Check Number _____

For Agency Use Only

Date Check Received _____

Check Amount _____

Permit Term _____

Approval _____